

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

02574

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>6 hrs.</u> TOWN <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Canada</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Ottawa</u> TOWN <u>Ottawa</u> STREET ADDRESS (If rural, give location) <u>197 Fern Avenue</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Robert</u> <u>Leitton</u> <u>Ahara</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>18th</u> <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>8/13/1907</u>
9. AGE last birthday <u>43</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>	
11. BIRTHPLACE (State or foreign country) <u>Canada</u>		12. CITIZEN OF WHAT <u>Canada</u>	
13. FATHER'S NAME <u>Edward Ahara</u>		14. MOTHER'S MAIDEN NAME <u>Evelyn Ainsworth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>19 Fern Ave, Ottawa, Canada</u>	

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary occlusion</u>	<u>Immediate</u>
420.1 Antecedent cause(s) (b) <u>420.1</u> Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>420.1</u>	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) <u>South - Francis Scott Key, Frederick, Frederick, Md</u>
TIME (Month) (Day) (Year) (Hour) (Minute) <u>04:00</u> <u>3</u> <u>18</u> <u>51</u> <u>0</u> <u>0</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P.W. Baer Deputy Med. Ex. Frederick, Md 3.19.51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>removal</u>	<u>3 / 19 / 51</u>	<u>Toronto</u>	<u>Canada</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>19 March, 1951</u>	<u>Elizabeth G. Hark</u>	<u>M. R. Etchison & Son,</u>	<u>Frederick, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

000807

1530

RECEIVED

1961

RECEIVED
MAY 31 1961
BIRMINGHAM

MARYLAND STATE DEPARTMENT OF HEALTH

02575

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 120 West Church Street	
3. NAME OF DECEASED (First) Nellye (Middle) (Last) ALBIN	4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 19 51		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 5 May 1875
		9. AGE last birthday 75 yrs.	If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Joshua Arnold		14. MOTHER'S MAIDEN NAME Annie Heflebower	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No	
17. INFORMANT AND ADDRESS James R. Albin, 120 W. Church St., Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

452d Immediate cause (a) Arterio-sclerotic cardiovascular disease with myocardial decompensation	2 months
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Gastroenteritis, epidemic	3 days
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1951, to March 7, 1951, that I last saw the deceased alive on March 7, 1951, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BIRTH, CREMATION, BURIAL, (Specify) Entombment	DATE THEREOF 10 March 1951	NAME OF CEMETERY OR CREMATORY Frederick Memorial Cloister	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REG. 9 March 1951	REGISTRAR'S SIGNATURE Elizabeth S. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

02576

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick, Maryland.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>Park Avenue, Frederick, Md.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Mary</u>	(Middle) <u>I.</u>	(Last) <u>Baker</u>
4. DATE OF DEATH	(Month) <u>3</u>	(Day) <u>26</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>9/25/69</u>
9. AGE last birthday <u>81</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland.</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>John W. Carroll</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ellen Carmichael</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Viola Slusher, Frederick, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Chronic myocarditis

6 months

Antecedent cause(s)

93d Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from October..., 1950, to March 26, 1951, that I last saw the deceased alive on March 26, 1951, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	DATE THEREOF <u>March 26, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Baltimore, Md.</u>	LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>
DATE REC'D BY LOCAL REG. <u>26 March 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	24. FUNERAL DIRECTOR <u>John A. Moran, Baltimore, Md.</u>	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 29 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02577

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 263 Dill Avenue		STREET ADDRESS (If rural, give location) 263 Dill Avenue	
3. NAME OF DECEASED (Type or Print)	(First) IRVING (Middle) STANTON (Last) BISER	4. DATE OF DEATH	(Month) 3 (Day) 30 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 10 Jan 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Postmaster	9. AGE last birthday 82 yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Daniel Biser		14. MOTHER'S MAIDEN NAME Rose Anna Stottlemeyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS 101 E. Patrick St., Mrs. Palmer Snook, Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a)

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

3 hours

6 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1957, to 3/30, 1957, that I last saw the deceased

alive on 30 March 1957, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION Burial

DATE THEREOF 2 April 1951

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) Frederick, Maryland

(State)

DATE REC'D BY LOCAL REG. 2 April 1957

REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR

ADDRESS

M. R. Etchison & Son, Frederick, Maryland

270 906

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1958
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

02578

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Middletown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Middletown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Clay</u> (Middle) <u>Lester</u> (Last) <u>Bittle</u>	4. DATE OF DEATH	(Month) <u>3</u> (Day) <u>17</u> (Year) <u>1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10/27/1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer, ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm owner</u>	9. AGE last birthday <u>63</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Myersville, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William Bittle</u>		14. MOTHER'S MAIDEN NAME <u>Emma Grossnickle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Stella Bittle, Middletown, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Chronic Nephritis

Antecedent cause(s)

(b)

Hypertension

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

DiabetesII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan, 1951, to Mar 17, 1951, that I last saw the deceased alive on Mar 15, 1951, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE: J E Harp MD

(Degree or title)

ADDRESS: MiddletownDATE SIGNED: 3-18-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>3/20/1951</u>	<u>Grossnickle Cemetery</u>	<u>Frederick Co., Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>March 19, 1951</u>	<u>Edgar Bittle</u>	<u>Gladhill Co., Middletown, Md.</u>		

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105

RECEIVED
MAR 21 1951
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>404 Elm St.</u>	
3. NAME OF DECEASED (Type or Print) <u>William</u> (First) <u>Augustus</u> (Middle) <u>Buckey</u> (Last)		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>16</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widower</u>	8. DATE OF BIRTH <u>4 / 2 / 77</u>
9. AGE last birthday <u>73</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>0. Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Herman A. Buckey</u>		14. MOTHER'S MAIDEN NAME <u>Margaret E. Nusbaum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>214-10-3554</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Clarence Cramer, Frederick, Md. R.D. 1</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary Thrombosis

Antecedent cause(s)

(b)

Diabetes

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY
m.INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19....., to March 16 1951, that I last saw the deceasedalive on March 6, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

19 March, 1951Elizabeth G. HeckM. R. Etchison & Son, Frederick, Md.

490609

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL, and OR give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>419 Shearman Avenue</u>	
3. NAME OF DECEASED (Type or Print) <u>Hattie Belle Buckingham</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>6</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-3-1882</u>
9. AGE last birthday <u>69</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Calvin Lewis Flaunt</u>		14. MOTHER'S MAIDEN NAME <u>Jennie C. Rhoderick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Frank Muntough Frederick - Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

4 days

Antecedent cause(s)

(b)

Hypertension + Coronary Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1950, to March 6, 1951, that I last saw the deceasedalive on March 5, 1951, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Arthur F. Woodward M.D. Frederick, Md.3/6/51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

8 March 1951Elizabeth G. HeckC. E. Cline & Son - Frederick - Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 9 1951
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02581

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <u>Fredrick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Fredrick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fredrick Memorial Hosp.</u>		MARYLAND LENGTH OF STAY (in this place) <u>1 day</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Montgomery</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Toolsonville, Md.</u> STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Joseph</u>	(Middle) <u>Gorman</u>	(Last) <u>Butler</u>	4. DATE OF DEATH	(Month) <u>3</u> (Day) <u>18</u> (Year) <u>1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 4 - 1896</u>	9. AGE last birthday <u>54</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mostly in school bus driver</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Chas M. Butler</u>		14. MOTHER'S MAIDEN NAME <u>Francis Spatar</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT AND ADDRESS <u>Gorman Butler, Toolsonville Md</u>	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Acute Nephritis</u>				<u>10 dx</u>	
Antecedent cause(s) (b) <u>1350-590X</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>benign prostatic hyperplasia & bladder</u>					
19a. DATE OF OPERATION <u>March 10</u>		19b. MAJOR FINDINGS OF OPERATION <u>Enlargement of Bladder</u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar 8, 1951</u> , to <u>Mar 18, 1951</u> , that I last saw the deceased alive on <u>Mar 18, 1951</u> , and that death occurred at <u>11 P.m.</u> , from the causes and on the date stated above.					
SIGNATURE <u>E.P. Thomas</u>		(Degree or title)		ADDRESS <u>Fredricks</u> DATE SIGNED <u>MD</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF <u>3/21/51</u>		NAME OF CEMETERY OR CREMATORY <u>Monocacy</u>	
LOCATION (City, town, or county) <u>Toolsonville, Md</u>		(State) <u>Md</u>		24. FUNERAL DIRECTOR	
DATE REC'D BY LOCAL REG. <u>19 March, 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth H. Hach</u>		ADDRESS <u>William B. Hilton</u>	

625 516

RECEIVED
MAY 21 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 112582 147

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>PLANE FOUR</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>PLANE FOUR</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>RD. Mt. Airy</u>	
3. NAME OF DECEASED (Type or Print) <u>MARY</u> (First) <u>Viola</u> (Middle) <u>Cain</u> (Last)		4. DATE OF DEATH <u>March</u> (Month) <u>19</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-24-1881</u>
9. AGE last birthday <u>69</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13. FATHER'S NAME <u>Henry Steggs</u>		14. MOTHER'S MAIDEN NAME <u>Virginia Bussard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT <u>Joseph E. Cain, Mt. Airy, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1/2 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Hyperthyroidism

15 yrs

(c)

Arteriosclerosis

10 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 3, 1951, to March 19, 1951, that I last saw the deceased alive on March 19, 1951, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Ernest P. Roop, Md. New Market Md. 3-21-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>BURIAL</u>	<u>3-22-1951</u>	<u>MARVIN Chapel</u>	<u>Frederick Co.</u>	<u>md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>3-21-51</u>	<u>Blaise S. Runkles</u>	<u>L.M. Waltz</u>	<u>Winfield, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02583

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>20 West Fourth Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Dorsey</u>	(Middle) <u>Spangler</u>	(Last) <u>Culler</u>
6. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>25</u> (Year) <u>1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor - Office Building</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Janitor</u>	8. DATE OF BIRTH <u>May 16, 1879</u>	9. AGE last birthday <u>71</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	14. MOTHER'S MAIDEN NAME <u>Lucinda Kefauver</u>	
13. FATHER'S NAME <u>Harman Culler</u>	17. INFORMANT AND ADDRESS <u>20 West Fourth Street</u> <u>Mrs. Dorsey S. Culler, Frederick, Maryland</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. <u>214-10-1694</u>		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Haemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 week

Antecedent cause(s)

(b)

Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Hypertension11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☐

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1951, to March 25, 1951, that I last saw the deceasedalive on March 25, 1951, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

A. A. Dean, M.D.Frederick Md.3/27/51

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

27 March 1951Elizabeth S. HeckM.R. Etchison & Son, Frederick, Maryland

770808

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02584
Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>		STREET ADDRESS (If rural, give location) <u>242 West 5th St.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>George</u> (Middle) <u>W.</u> (Last) <u>Culler</u>	4. DATE OF DEATH (Month) <u>3</u> (Day) <u>11</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3/25/1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>school house</u>	9. AGE last birthday <u>74</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Middletown, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>William Culler</u>		14. MOTHER'S MAIDEN NAME <u>Jennie Wiles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Lillie Culler, Frederick, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442x Immediate cause (a) Uremia2 wks131a Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last(b) Cardio-Vascular Renal Disease3 yearsII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.Hypertrophy of Prostate

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May, 1948, to March 11, 1951, that I last saw the deceased alive on March 11, 1951, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>3/14/1951</u>	<u>Lutheran Cemetery</u>	<u>Middletown, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>14 March 1951</u>	<u>Elizabeth G. Hech</u>	<u>Gladhill Co., Middletown, Md.</u>		

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

970888

RECEIVED
MAY 15 1951
U. S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02585

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Town Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Town Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>30 E. 5th Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Charles</u> (First) <u>Alexander</u> (Middle) <u>De Grange Sr.</u> (Last)		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>30</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>16 Feb 1879</u>
9. AGE last birthday <u>72</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Laborer</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William F. DeGrange</u>		14. MOTHER'S MAIDEN NAME <u>Ellen Wiles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Harlen W. DeGrange, 30 E. 5th St., Frederick, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Vaemia6 month

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio-vascular - renal disease

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1951, to 3-30, 1951, that I last saw the deceasedalive on 3-30, 1951, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

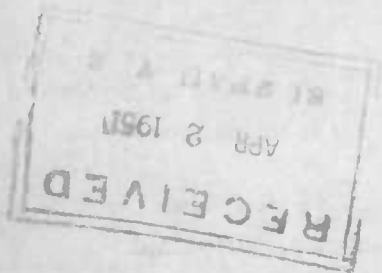
31 March 1951Eligible S. HealeM. R. Etchison and Son, Frederick, Md.

820105

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02586
Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 435 W. Patrick Street		STREET ADDRESS (If rural, give location) 435 W. Patrick Street	
3. NAME OF DECEASED (Type or Print)	(First) ADA	(Middle) GRACE	(Last) DERR
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	4. DATE OF DEATH (Month) 3 (Day) 18 (Year) 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dietician		10b. KIND OF BUSINESS OR INDUSTRY Womens College	8. DATE OF BIRTH 9-22-1879
11. BIRTHPLACE (State or foreign country) Maryland		9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Hiram A. Derr	
14. MOTHER'S MAIDEN NAME Florence McClain		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Mrs. Emma Boyer- Frederick- Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH
2 or 3 hrsII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **July**, 19**50**, to **March 18**, 19**51**, that I last saw the deceasedalive on **March 19**, 19**51**, and that death occurred at **7** **A.** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REINTERMENT (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-20-1951	Mt. Olivet Cemetery	Frederick- Maryland	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
19 March, 1951	Elizabeth S. Heub	C.E.Cline and Son- Frederick- Maryland		

034888

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02587

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Brunswick</u> LENGTH OF STAY (in this place) <u>3 years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Brunswick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Farm north of town</u>		STREET ADDRESS (If rural, give location) <u>Farm north of town</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Lottie</u> (Middle) <u>May</u> (Last) <u>Doll</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>22</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>4-19-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>65</u> yrs. If under 1 year (Months) (Days) (Hours) (Min.)
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Pink Eury</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Marshall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>James G. Eury Snovill R.F.D. 1 Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4222 Immediate cause (a) <u>Acute congestive heart failure</u>	1 hr.	
92d Antecedent cause(s) (b) <u>Chronic congestive heart failure</u>	10 yrs.	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE HOMICIDE	INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct. 49, 1949, to 3-22-1951, that I last saw the deceased alive on 3-22-1951, and that death occurred at 2:15 A.M. from the causes and on the date stated above.

SIGNATURE [Signature] (Degree or title) MD ADDRESS Brunswick, Md. DATE SIGNED 3-23-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>3-24-51</u>	<u>Park Heights</u>	<u>Brunswick Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>March 23-51</u>	<u>Kathryn H. Brown</u>	<u>G. H. Felt</u>	<u>Bro Brunswick Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02588

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-Rural RD#5</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>		STREET ADDRESS (If rural, give location) <u>129 East Patrick Street</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>JAMES</u> <u>ENOS</u> <u>DOUB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>30</u> <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11 Oct 1873</u>
9. AGE last birthday <u>77</u> yrs.		10. If under 1 year Months Days Hours Min. <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - Potato Chip Manufacturer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Jonas A. Doub</u>		14. MOTHER'S MAIDEN NAME <u>Frances Waters</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>James E. Doub,</u>		129 E. Patrick St., <u>Frederick, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 months

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24, 1951, to March 30, 1951, that I last saw the deceasedalive on March 30, 1951, and that death occurred at 10:22 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

31 March 1951 Elizabeth G. HeekM. R. Etchison & Son, Frederick, Maryland

290 419

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1951
ST. PAUL A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY --	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN From 4/27/49		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium to 3/5/51		STREET ADDRESS (If rural, give location) Charles Street	
3. NAME OF DECEASED (Type or Print) William	(First) (Middle) (Last) Doyle	4. DATE OF DEATH March 5, 1951	(Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Feb. 22, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Decorator		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 67 yrs.
13. FATHER'S NAME John Doyle		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No		11. BIRTHPLACE (State or foreign country) Rhode Island	
16. SOCIAL SECURITY No. Lost		14. MOTHER'S MAIDEN NAME Grace Murphy	
17. INFORMANT Patient			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Neurosyphilis		Unknown
(b) Immediate cause		
(c) Antecedent cause(s)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis		About 5 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 27, 1949**, to **Mar. 5, 1951**, that I last saw the deceased alive on **March 5, 1951**, and that death occurred at **10:00 P.M.**, from the causes and on the date stated above.

SIGNATURE **J. B. Lyon, M.D.** ADDRESS **State Sanatorium, Md.** DATE SIGNED **3/6/51**

23. BURIAL, CREMATION REMOVAL (Specify) **Delivered to University of Md. Anatomical Board** DATE REC'D BY LOCAL REG. **3/6/51** REGISTRAR'S SIGNATURE **J. B. Lyon** 24. FUNERAL DIRECTOR **M. L. Weaver for Thurnmont, Md.** ADDRESS **6900 W**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10. 7. 2. 1951

RECEIVED
JUL 2 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

02590

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>md</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Walkersville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural, M. Walkersville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS —		STREET ADDRESS (If rural, give location) —	
3. NAME OF DECEASED (First) (Middle) (Last) <u>FLORENCE ELIZABETH EAYES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1951</u>	
5. SEX <u>f</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 12, 1876</u>
9. AGE last birthday <u>75</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>md.</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Washington Biddinger</u>		14. MOTHER'S MAIDEN NAME <u>Jeanette Bitter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT <u>Mr. Walter L. Eaves, Walkersville, md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause

(a) Acute myocardial failure

INTERVAL BETWEEN ONSET AND DEATH

2 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(h) Hypertensive cardiovascular renal disease15 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug, 1949, to 3 March 1951, that I last saw the deceasedalive on 3 March, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

James E. Stoner Jr. M.D. M.D.Walkersville, Maryland 5 March 51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

6 March 1951Elizabeth B. HeckerG. C. Barton, Walkersville, md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1951

BUREAU V *

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

02591

2411 N. Charles Street, Baltimore

Items 7 & 9:

HAM No. G 1, 2 APR 30 1951 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> STATE <u>Maryland</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY <u>Frederick</u> STATE <u>Maryland</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick, Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Libertytown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Arthur</u>	(Middle) <u>E.</u>	(Last) <u>E. Tyler</u>
4. DATE OF DEATH	(Month) <u>March</u>	(Day) <u>8</u>	(Year) <u>1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 1863</u>
9. AGE last birthday <u>87</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postmaster</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Daniel E. Tyler</u>		14. MOTHER'S MAIDEN NAME <u>Hagle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Ray Bond, Johnsville, Md.</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
151 Immediate cause (a) <u>Carcinoma of Stomach</u>		6 months	
46 Antecedent cause(s) (b) <u>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>HOMICIDE</u>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 27</u> , 1951, to <u>March 8</u> , 1951, that I last saw the deceased alive on <u>March 8</u> , 1951, and that death occurred at <u>7:30</u> p.m., from the causes and on the date stated above.			
SIGNATURE <u>Bernard O. Thomas Jr.</u>		DATE SIGNED <u>March 8, 1951</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		NAME OF CEMETERY OR CREMATORY <u>Libertytown</u>	
DATE REC'D BY LOCAL REG. <u>10 March, 1951</u>		24. FUNERAL DIRECTOR <u>Daniel & Hartzler</u>	
REGISTERAR'S SIGNATURE <u>Eligabeth S. Hecks</u>		ADDRESS <u>Libertytown & Woodboro, Md</u>	

RECEIVED
MAR 18 1951
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 121

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 East Seventh Street		STREET ADDRESS (If rural, give location) 109 East Seventh Street	
3. NAME OF DECEASED (Type or Print)	(First) JENNIE	(Middle) ESTELLE	(Last) GAVER
4. DATE OF DEATH	(Month) March	(Day) 8	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Oct. 28, 1877
9. AGE last birthday 73 yrs.		If under 1 year 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Harmon L. Gaver		14. MOTHER'S MAIDEN NAME Rachael Hessong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. Elsie Stevens, Frederick, Maryland			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic nephritis			1 yr.
Antecedent cause(s) (b) 131b			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from....., 19**50**, to **Nov 8, 1951**, that I last saw the deceased alive on **Nov 8, 1951**, and that death occurred at **8:00 A.M.** from the causes and on the date stated above.

SIGNATURE **H. Kline M.D.** ADDRESS **Frederick Md** DATE SIGNED **March 9, 1951**

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE March 10, 1951	NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	LOCATION (City, town, or county) (State) Utica, Maryland
DATE REC'D BY LOCAL REG. 9 March, 1951	REGISTRAR'S SIGNATURE Elizabeth B. Hecker	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02593

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural, give location) 7 Taney Apartments	
3. NAME OF DECEASED (Type nr Print)	(First) CHARLES	(Middle) ROBERT	(Last) GRUMBINE	4. DATE OF DEATH	(Month) 3 (Day) 15 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 14 March 1951	9. AGE last birthday yrs. 1	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME William Eugene Grumbine		12. CITIZEN OF WHAT COUNTRY? USA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None		17. INFORMANT AND ADDRESS Mrs. W. E. Grumbine, Taney Apts., Frederick, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

atelectasis - left lung

36 hours

Antecedent cause(s)

(b)

Prematurity

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3/14, 1951, to 3/15, 1951, that I last saw the deceased alive on 3/15, 1951, and that death occurred at 7 P. M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Arthur P. Woodward M. D. Frederick, Maryland 16 March 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, nr county)	(State)
Burial	16 March 1951	Mount Hope Cemetery	Woodsboro, Maryland	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
16 March 1951	Elizabeth G. Heck	M. R. Etchison and Son, Frederick, Md.	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02594

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>305 Fleming Avenue</u>	
3. NAME OF DECEASED (First) <u>ROSE</u> (Middle) <u>AGNES</u> (Last) <u>HAHN</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>30</u> (Year) <u>1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November 29, 1884</u>
9. AGE last birthday <u>66</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Charles C. Zeigler</u>		14. MOTHER'S MAIDEN NAME <u>Caroline C. Shearer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mr. C. Earl Hahn, Clarksburg, Maryland</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral hemorrhage

Antecedent cause(s)

(b) Hypertension

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

3 days

years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 30 March, 1951, that I last saw the deceased alive on 30 March, 1951, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>April 2, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	LOCATION (City, town, or county) <u>Frederick, Maryland</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>31 March 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR <u>C. E. Cline & Son</u>	ADDRESS <u>Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1951
BUREAU A S

MARYLAND STATE DEPARTMENT OF HEALTH

02595

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>518 Wilson Avenue</u>		STREET ADDRESS (If rural, give location) <u>518 Wilson Avenue</u>	
3. NAME OF DECEASED (First) <u>HENRY</u> (Middle) <u>HAMPTON</u> (Last) <u>HAINES</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>9</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 9, 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brakeman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	9. AGE last birthday <u>64</u> yrs. If under 1 year Months/ Days If under 24 hrs. Hours/ Min.
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Josuah H. Haines</u>		14. MOTHER'S MAIDEN NAME <u>Bertha Bagely</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If year, give year or dates of service) <u>World War I</u>		16. SOCIAL SECURITY No. <u>220-01-3768</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Henry H. Haines, Frederick, Maryland</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Carcinoma of stomach & liver</u>		<u>9 months</u>
Antecedent cause(s) (b) <u>46b</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>151x</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to March 9, 1951, that I last saw the deceased alive on March 9, 1951, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Mar. 12, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	LOCATION (City, town, or county) <u>Frederick, Maryland</u> (State)
DATE REC'D BY LOCAL REG. <u>10 March 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth S. Hersh</u>	24. FUNERAL DIRECTOR <u>C. E. Cline & Son, Frederick, Maryland</u>	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

624506

Transcript

RECEIVED
MAR 13 1951
BUREAU A. S.

RECEIVED
MAR 13 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02596

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH - COUNTY <u>Fredrick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Carroll</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Fredrick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Gettysburg</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hospital - Med. & Mental</u>		STREET ADDRESS (If rural, give location) <u>Park Ave</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Charles</u> (Middle) <u>Lucille</u> (Last) <u>Hamilton</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>20</u> (Year) <u>1957</u>	
5. SEX <u>2</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Feb. 18 51</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lab</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>Charles B. Hamilton</u>		14. MOTHER'S MAIDEN NAME <u>Doris Lucille Van Duse</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> If yes, give war or dates of service		16. SOCIAL SECURITY NO. <u>none</u>	
		17. INFORMANT AND ADDRESS <u>Doris L. Hamilton</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☐

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 18, 1951, to Feb. 20, 1957, that I last saw the deceased alive on Feb. 20, 1957, and that death occurred at 9:04 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

20 March 1957 Elizabeth S. Heck

Com Waite, Washed Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02597

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY <u>Fredrick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Fredrick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>FREDERICK</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>WOODSBORO</u> TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fredrick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Alfred</u> (Middle) <u>E.</u> (Last) <u>Haroth</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>14</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, <u>WIDOWED, DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>OCT 14/197</u>
9. AGE last birthday <u>53</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>rickster route owner</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Berlin Germany</u>	
13. FATHER'S NAME <u>Julius Haroth</u>		14. MOTHER'S MAIDEN NAME <u>not known</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>not known</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Ed Haroth, Woodboro, Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Acute myocardial failure

Antecedent cause(s)

(b)

Coronary occlusion

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH
Shown
24 hours

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☒22. I hereby certify that I attended the deceased from June 1, 1949, to 14 March 1951, that I last saw the deceasedalive on 14 March 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

17 March 1951Elizabeth & HeckPowell & Hantler 470636Woodboro & Libertytown, Md

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 21 1961
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02598

131

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Burkittsville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) LEE	(Middle) CUSTIS	(Last) HARWOOD	4. DATE OF DEATH (Month) 3 (Day) 26 (Year) 19 51
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 14 April 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	9. AGE last birthday 70 yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William T. Harwood		14. MOTHER'S MAIDEN NAME Mary Butler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. Nellie M. Harwood, Burkittsville, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Anterior Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH 16 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26, 19 51, to 3/26, 19 51, that I last saw the deceased

alive on 3/26, 19 51, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Charles H. Conley, Jr. M. D. Frederick, Maryland

27 March 1951

23. BURIAL, CREMATION, or other disposal (Specify)

DATE TIERED 29 March 1951

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) Frederick, Maryland

(State)

DATE REC'D BY LOCAL REG. 28 March 1951

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR

ADDRESS

M. R. Etchison & Son, Frederick, Maryland

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02599

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Fred.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Lime Kiln Md.</u> LENGTH OF STAY (in this place) <u>Life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Lime Kiln Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural Lime Kiln Md.</u>		STREET ADDRESS (If rural, give location) <u>Rural Lime Kiln Md.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Katie</u> (Middle) <u>Rebecca</u> (Last) <u>Howard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 2, 1951</u> 19	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 10, 1889</u>
9. AGE last birthday <u>62 Yrs.</u>		10. If under 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>	
11. BIRTHPLACE (State or foreign country) <u>Lime Kiln</u>		12. CITIZEN OF WHAT COUNTRY? <u>Marria Bell</u>	
13. FATHER'S NAME <u>Joseph Bell</u>		14. MOTHER'S MAIDEN NAME <u>Marria Bell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>(If year, give war or dates of service)</u>	
17. INFORMANT AND ADDRESS <u>Joseph F. Makel 405 Lexington ave N.Y.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs.</u>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
<p>Immediate cause (a) <u>Carcinoma of Uterus</u></p> <p>Antecedent cause(s) (b) <u>174x</u></p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>48x</u></p>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1944, to 3-2, 1951, that I last saw the deceased alive on 3-2, 1951, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE M. G. Baune Jr ADDRESS 38 W. Chesant St. Ind. Md DATE SIGNED 3-31

23. BURIAL CREMATION (Specify) Burial DATE Mar 5, 1951 NAME OF CEMETERY OR CREMATORY St. Josephs LOCATION (City, town, or county) Buckeytown, Md. (State)

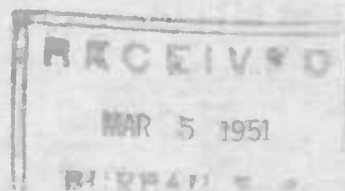
DATE REC'D BY LOCAL REG. 5 March 1951 REGISTRAR'S SIGNATURE Elizabeth G. Hicks 24. FUNERAL DIRECTOR Charles E. Hicks III ADDRESS Frederick, Md.

720836

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

02600

1. PLACE OF DEATH- COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
Emma Frances Huffer			
4. DATE OF DEATH	(Month)	(Day)	(Year)
3 20 1951			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
female	white	WIDOWED	1/13/1857
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Middletown, Md.	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
George Jones	Elizabeth Waltic	no	
16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION	
none	Calvin Huffer, Middletown, Md.		

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X Immediate cause

(a)

Probable Carcinoma Stomach

Antecedent cause(s)

46b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Apr 45, to Mar 20, 1951, that I last saw the deceased

alive on Mar 20, 1951, and that death occurred at 1045 P.M., from the causes and on the date stated above.

SIGNATURE E. Huffer MD ADDRESS Middletown DATE SIGNED 3-21-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/23/1951	Lutheran Cemetery	Middletown, Md.	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
3-23-51	Marie Gladhill	Gladhill Co., Middletown, Md.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02601

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince Georges	
CITY (If outside corporate limits, write RURAL and give nearest town) OR Neat Point of Rocks		CITY (If outside corporate limits, write RURAL and give nearest town) OR White House Heights	
TOWN Neat Point of Rocks		TOWN White House Heights	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) EDWARD WARD (First) CLAYTON (Middle) JONES (Last)		4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 3 Jan 1889
9. AGE last birthday 62 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shop-worker		10b. KIND OF BUSINESS OR INDUSTRY Brick Yard	
11. BIRTHPLACE (State or foreign country) Ala.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James W. Jones		14. MOTHER'S MAIDEN NAME Mamie Reidel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. 577-05-0074	
17. INFORMANT AND ADDRESS Mrs. Joseph Tucker		White House Heights, Maryland	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Drowning		
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) Fail from culvert into Stream.		5 min

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
---	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) B&O RR. Culvert Near Pt. of Rocks, Frederick	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY March 3 1951 10 P.M.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Fell from culvert into stream.			

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE **DR. R. W. BAER** (Degree or title) ADDRESS **Newman Frederick, Md** DATE SIGNED **3.4.51**
 DEPUTY MEDICAL EXAMINER

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 4 March 1951	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Hyattsville, Maryland
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DATE REC'D BY LOCAL 4 March 1951	REGISTRAR'S SIGNATURE Elizabeth L. Hecks	24. FUNERAL DIRECTOR Gasch's Sons, Hyattsville, Maryland	ADDRESS
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690318

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 5 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

02605

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Woodstock</u> TOWN <u>Woodstock</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Woodstock R.H.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Woodstock</u> TOWN <u>Woodstock</u> STREET ADDRESS (If rural, give location) <u>Woodstock R.H.</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Richard</u> <u>Alfred</u> <u>Reem</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar.</u> <u>14</u> <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>Feb.</u> <u>20</u> <u>1874</u>
9. AGE last birthday <u>76</u> yrs.		10. AGE last birthday If under 1 year If under 24 hrs Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Apprentice</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13. FATHER'S NAME <u>Alfred Reem</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Bowes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NT</u>	
17. INFORMANT <u>Mrs. John Loge</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
151x Immediate cause (a) <u>Coronary Atherosclerosis</u>			
46b Antecedent cause(s) (b) <u>Portable Carcinoma of Stomach</u>			
Diseases or conditions, if any giving rise to the above cause stating the underlying cause last (c) <u>Coronary Atherosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 20, 1950</u> , to <u>Mar. 15, 1951</u> , that I last saw the deceased alive on <u>Mar. 14, 1951</u> , and that death occurred at <u>Woodstock, Md.</u> from the causes and on the date stated above.			
SIGNATURE <u>H. Mueser, M.D.</u>		DATE SIGNED <u>Mar. 15, 1951</u>	
23. BURIAL, CREMATION REMOVAL, (Specify) <u>Burial</u>		DATE <u>Mar. 17, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Rocky Hill</u>		LOCATION (City, town, or county) <u>Woodstock</u> (State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>3/16/51</u>		REGISTRAR'S SIGNATURE <u>L. E. Powell</u>	
24. FUNERAL DIRECTOR <u>J. C. Barton, Walkersville</u>		ADDRESS <u>Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 19 1961
U.S. DEPT. OF JUSTICE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02602

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>New York</u> COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Kirkville R.D. #1</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS <u>Kirkville R.D. #1</u>	
3. NAME OF DECEASED (Type or Print) <u>M. Earl</u> (First) <u>Keller</u> (Middle) <u>Keller</u> (Last)		4. DATE OF DEATH <u>March 24</u> (Month) <u>24</u> (Day) <u>1957</u> (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 27, 1888</u> 63 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brakeman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>N.Y. Cent. R. R.</u>	11. BIRTHPLACE (State or foreign country) <u>New York (Syracuse)</u>
13. FATHER'S NAME <u>George Keller</u>		14. MOTHER'S MAIDEN NAME <u>Dollie Phillips</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes, give war or dates of service)</u>		16. SOCIAL SECURITY No.	
		17. INFORMANT AND ADDRESS <u>Mrs. Earl Keller, Kirkville, R.D. #1, N.Y.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Hemorrhage</u>		<u>2 days</u>
Antecedent cause(s) (b) <u>Arteriosclerosis</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>		1 yr.
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE <u>None</u> (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>March 24, 1957</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22, 1957, to March 24, 1957, that I last saw the deceased alive on March 24, 1957, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

SIGNATURE A. A. Pearce, M.D. ADDRESS Frederick Md. DATE SIGNED 3/24/57

23. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	DATE THEREOF <u>Mar. 24, 1957</u>	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) <u>East Syracuse New York</u>
DATE REC'D BY LOCAL REG <u>March 24, 1957</u>	REGISTRAR'S SIGNATURE <u>Elizabeth S. Herb.</u>	24. FUNERAL DIRECTOR ADDRESS <u>M.R. Etchison & Son, Frederick MD.</u>	

624506

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02603

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-Rural RD#5</u> STREET ADDRESS (If rural, give location) <u>Rocky Springs</u>	
3. NAME OF DECEASED (First) <u>MARY</u> (Middle) <u>ELLEN</u> (Last) <u>KEMP</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>8</u> (Year) <u>51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>29 Dec 1862</u>
9. AGE last birthday <u>88</u> yrs.		10. If under 1 year Months <u>19</u> Days <u>51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Albert Main</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Biser</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>R. F. D. #5, Mrs. Mehrl E. Martz, Frederick, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444x Immediate cause

(a) Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(b) Acute cardiac failure(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

DaysWeekyears

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1951, to 3/8, 1951, that I last saw the deceasedalive on 3/7, 1951, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

James B. Thomas, M.D.Frederick, Maryland3/8/51

23. BURIAL, CREMATION, or other disposal (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 9 March, 1951REGISTRAR'S SIGNATURE Elizabeth G. Hecks.

24. FUNERAL DIRECTOR

ADDRESS

M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1951
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02604

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy, Maryland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Michael	(Middle)	(Last) Kimmel
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH Oct. 12, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE last birthday 73 yrs.
11. BIRTHPLACE (State or foreign country) ?		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Anthony King Kimmel		14. MOTHER'S MAIDEN NAME Mary Morgan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No. none	
17. INFORMANT AND ADDRESS Ray Warfield			

18. MEDICAL CERTIFICATION		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause Arterio-sclerotic Cardio-vascular Disease		5 years
(b) Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 422, 93d		
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 1**, 19**50**, to **March 23**, 19**51**, that I last saw the deceased alive on **March 23**, 19**51**, and that death occurred at **2:00 a**.m., from the causes and on the date stated above.

SIGNATURE **Bernard O. Thomas Jr.** ADDRESS **Frederick, Md.** DATE SIGNED **March 23, 1951**

23. BURIAL CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	MAR-26-51	CENTRAL CEMETERY	NEW LONDON FREDRICK MD	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
24 March 1951	Elizabeth S. Hecks	E. E. Falconer	New Market Md	

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02606
Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Brunswick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u>	
TOWN <u>613 Brunswick St</u>		TOWN <u>613 Brunswick St</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>613 Brunswick St</u>		STREET ADDRESS (If rural, give location) <u>613 Brunswick St</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>James</u> (Middle) <u>Edward</u> (Last) <u>Leopold</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>12</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 17-1871</u>
9. AGE last birthday <u>79</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>bus repairman - Ret.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Henry Leopold</u>		14. MOTHER'S MAIDEN NAME <u>Mary Francis Carey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>705-10-2897</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Mary L. Leopold Brunswick Md.</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>congestive heart failure</u>			<u>3 wks</u>
Antecedent cause(s) (b) <u>with age + pneumonia</u>			<u>2 day</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>932</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
SUICIDE	INJURY		
HOMICIDE			
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
OF INJURY			

22. I hereby certify that I attended the deceased from March 11, 1951, to March 12, 1951, that I last saw the deceased alive on March 12, 1951, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>3-15-51</u>	<u>Reformed</u>	<u>Brunswick Maryland</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>March 14-51</u>	<u>Kathryn N. Brown</u>	<u>H. N. Lutz & Son</u>	<u>Brunswick Md.</u>	

Def.

553379

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Home for the Aged, Record St.</u>		STREET ADDRESS (If rural, give location) <u>115 Record Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>NETTIE</u>	(Middle) <u>VIRGINIA</u>	(Last) <u>LIDIE</u>
4. DATE OF DEATH	(Month) <u>March</u>	(Day) <u>4th</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 16, 1870</u>
9. AGE last birthday <u>80 yrs.</u>		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Samuel Lidie</u>		14. MOTHER'S MAIDEN NAME <u>Mary Roberts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Records at the Home, Frederick, Maryland</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Cerebral Hemorrhage</u>		<u>12 hrs.</u>	
Antecedent cause(s) (b) <u>Generalized Arteriosclerosis</u>		<u>30 yrs ±</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY)	
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec.</u> , 19 <u>50</u> , to <u>4 Mar.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4 March</u> , 19 <u>51</u> , and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Charles K. Bailey, M.D.</u>		ADDRESS <u>Frederick, Md.</u>	
DATE SIGNED <u>3/6/51</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE <u>March 7, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>6 March 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Hark</u>	
24. FUNERAL DIRECTOR <u>C. E. Cline & Son</u>		ADDRESS <u>Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

430636

RECEIVED
MAY 7 1957
NEW YORK N. Y.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02608

Reg. Dist. No. 139

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Allegany	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN From 2-14-51 to 3-27-51		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cumberland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium		STREET ADDRESS (If rural, give location) 9 Grand Avenue	
3. NAME OF DECEASED (Type or Print) (First) Madelyn (Middia) Light (Last)		4. DATE OF DEATH (Month) March (Day) 27 (Year) 19 51	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH June 30, 1912
9. AGE last birthday 38 yrs.		10. CITIZEN OF WHAT COUNTRY? U.S.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Ellsworth Light		14. MOTHER'S MAIDEN NAME Mary Whetzel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. Unknown	
17. INFORMANT Patient			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary Tuberculosis			3 mos.
Antecedent cause(s) (b) 136			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 14, 1951**, to **Mar. 27, 1951**, that I last saw the deceased alive on **Mar. 27, 1951**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

SIGNATURE **J. Bayon, M.D.** ADDRESS **State Sanatorium, Md.** DATE SIGNED **3/28/51**

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 3-31-51	NAME OF CEMETERY OR CREMATORY Camp Hill Cem.	LOCATION (City, town, or county) Law Park, W. Va.	(State)
DATE REC'D BY LOCAL REG. 3/28/51	REGISTRAR'S SIGNATURE J. Bayon	24. FUNERAL DIRECTOR M. L. Cragg & Son	ADDRESS Shuimont	

690499 md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 29 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02609

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ladysburg</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>25 yrs</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ladysburg</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>W=</u> (First) <u>Vitus</u> (Middle) <u>Edgar</u> (Last) <u>Long</u>		4. DATE OF DEATH (Month) <u>mdc</u> (Day) <u>27</u> (Year) <u>1951</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 15, 1876</u>	9. AGE last birthday <u>73</u> yrs.	If under 1 year: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Terrestown md</u>	
13. FATHER'S NAME <u>W= Long</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Leatherman</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT AND ADDRESS <u>Mrs Mable Long Ladysburg md</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) acute myocardial failure

Antecedent cause(s)

(b) arteriosclerosis, generalized
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last(c) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

6 minutes15 years5 minutesII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 1, 1949, to 27 Mar, 1951, that I last saw the deceasedalive on 27 Mar, 1951, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION (REMOVAL) (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>mdc 30-1951</u>	<u>Stacia Cem</u>	<u>Wheatfield md</u>	<u>md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>3/29/51</u>	<u>L. L. Rouse</u>	<u>M. A. Cavan</u>	<u>San Thurm</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

100105

RECEIVED

APR 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02610
Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Allegany</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>From 1/2/51 to 3/12/51</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cumberland</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>State Sanatorium</u>		STREET ADDRESS (If rural, give location) <u>426 Baltimore Avenue</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Lester</u> <u>Mauk</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 13, 1901</u>
9. AGE last birthday <u>50</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Engineer</u>	
11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>James Mauk</u>		14. MOTHER'S MAIDEN NAME <u>Cordelia Maphis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>Unknown</u>	
17. INFORMANT <u>Wife - Mildred Mauk</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Pulmonary Tuberculosis</u>			<u>About 4 yrs</u>
Antecedent cause(s) (b) <u>13b</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan. 2, 1951 to Mar. 12, 1951, that I last saw the deceased alive on Mar. 12, 1951, and that death occurred at 5:25 P.m., from the causes and on the date stated above.

SIGNATURE J. D. Ryan, M.D. (Degree or title) ADDRESS State Sanatorium, Md. DATE SIGNED 3/14/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Mar. 15, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Indian Mound Cemetery</u>	LOCATION (City, town, or county) (State) <u>Romney, W. Va.</u>
DATE REC'D BY LOCAL REG. <u>3/12/51</u>	REGISTRAR'S SIGNATURE <u>J. D. Ryan</u>	24. FUNERAL DIRECTOR <u>John J. Hafer, 230 Balto., Ave.</u>	
		ADDRESS <u>Cumberland, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

541506

MAY 15 1951
SURREAS V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

02611

131

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		LENGTH OF STAY (in this place) 13 Days		TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD #4	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) Ballenger Creek Road			
3. NAME OF DECEASED (First) WILLIAM (Middle) OSCAR (Last) MICHAEL		4. DATE OF DEATH (Month) 3 (Day) 13 (Year) 1951			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 23 Feb 1867	9. AGE last birthday 84 yrs.	If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chicken Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Business		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William H. Michael		14. MOTHER'S MAIDEN NAME Jane E. Specht	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY No. None		17. INFORMANT AND ADDRESS Mrs. Walter M. Simpson, Emmitsburg, Md.	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH	
420.1 Immediate cause (a) Coronary Thrombosis				14 Da	
93d Antecedent cause(s) Chronic Myocarditis					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/28, 1951, to 3/13, 1951, that I last saw the deceased alive on 3/12, 1951, and that death occurred at 4:35 A.M., from the causes and on the date stated above.					
SIGNATURE H. H. H. M. D.		ADDRESS Frederick, Maryland		DATE SIGNED 13 March 1951	
23. BURIAL, CREMATION, REINTERMENT (Specify) Burial		DATE THEREOF 15 March 1951		LOCATION (City, town, or county) Frederick, Maryland (State)	
DATE REC'D BY LOCAL REG. 14 March 1951		REGISTRAR'S SIGNATURE Elizabeth B. Hech		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 15 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02612

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY FREDERICK MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Jeduck	
CITY (If outside corporate limits, write RURAL and give nearest town) FREDERICK		CITY (If outside corporate limits, write RURAL and give nearest town) Catoctin	
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Hazel (Middle) ELMER (Last) Miller	4. DATE OF DEATH (Month) Mar (Day) 28 (Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 11, 1905
9. AGE last birthday 45 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME David O. Lewis		14. MOTHER'S MAIDEN NAME Clara Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Robert Leroy Miller, Thurmont Md. RD 1			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) **Acute Coronary Thrombosis**

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) **arteriosclerotic Heart Disease**(c) **Uremia**11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **March 27, 1951**, to **March 28, 1951**, that I last saw the deceased alive on **March 28, 1951**, and that death occurred at **6:55 A.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

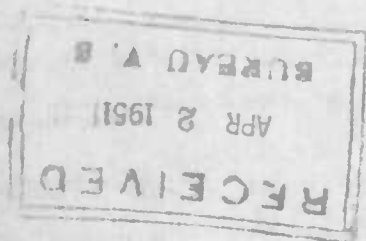
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF Mar. 31, 1951	NAME OF CEMETERY OR CREMATORY Blue Ridge Cems	LOCATION (City, town, or county) Thurmont	(State) MD
DATE REC'D BY LOCAL REG. 29 March 1951	REGISTRAR'S SIGNATURE Elizabeth B. Heck	24. FUNERAL DIRECTOR M. L. Greager & Son, Thurmont, Md.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02613
Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Maryland</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Frederick-Rural RD#5</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick-Rural RD#1</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>		STREET ADDRESS <u>Pearl</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>EVA</u>	(Middle) <u>ELIZABETH</u>	(Last) <u>MISS</u>
4. DATE OF DEATH	(Month) <u>3</u>	(Day) <u>27</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>29 Oct 1932</u>
9. AGE last birthday <u>18</u> yrs.		10. If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Grayson M. Miss</u>		14. MOTHER'S MAIDEN NAME <u>Mary Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Grayson, M. Miss, RD#1, Frederick, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

722.0 Immediate cause (a) Broncho-pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

107

(b) Chronic Rheumatoid Arthritis(c) Decubitus ulcers

INTERVAL BETWEEN ONSET AND DEATH

2 weeks5 years3 monthsII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to March 27, 1951, that I last saw the deceasedalive on March 26, 1951, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Bernard O. Thomas Jr. M. D.Frederick, Maryland27 March 195123. BURIAL, CREMATION
REMOVAL (Specify)DATE THEREOF
29 March 1951NAME OF CEMETERY OR CREMATORY
Mount Olivet CemeteryLOCATION (City, town, or county)
Frederick, Maryland

(State)

DATE REC'D BY LOCAL
REG.
27 March 1951

REGISTRAR'S SIGNATURE

Elizabeth G. Heck

24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

VVVVVV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1951
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02614

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> OR <u>Frederick</u> (in this place) <u>4 months</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Emmitsburg Md.</u> OR <u>Emmitsburg, R.D. # 1</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Emergency Hosp.</u>		STREET ADDRESS (If rural, give location) <u>Emmitsburg, R.D. # 1</u>	
3. NAME OF DECEASED (Type or Print) <u>Leonard</u> (First) <u>Leo</u> (Middle) <u>Mitchell</u> (Last)		4. DATE OF DEATH <u>March 19, 1951</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 5, 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mason tender</u>	9. AGE last birthday <u>50</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Frederick Co. Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Robert A. Mitchell</u>		14. MOTHER'S MAIDEN NAME <u>Annie Craig</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Ruth Mitchell 2079-8 ave N.Y.C. apt 5</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Syphilitic Cardio-vascular disease

Antecedent cause(s)

(b) Aortitis

(c) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

INTERVAL BETWEEN ONSET AND DEATH

10 years.II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1950, to March 19, 1951, that I last saw the deceasedalive on March 19, 1951, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Bernard Thomas M.D.Frederick, Md. March 20, 1951

23. BURIAL CREMATION (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial

March 22, 51

Mt View Cemetery

Emmitsburg, Maryland

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

22 March 1951Elizabeth S. Heck-L. AllisonEmmitsburg, Md.

970246

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 26 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02615

Reg. Dist. No. 138

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Ijamsville-Rural RD#1</u> LENGTH OF STAY (in this place) <u>50 Yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Ijamsville-Rural RD#1</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Near Ijamsville</u>		STREET ADDRESS (If rural, give location) <u>Near Ijamsville</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Henry</u>	(Middle) <u>P.</u>	(Last) <u>Mussetter</u>
4. DATE OF DEATH	(Month) <u>3</u>	(Day) <u>14</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>30 Sept 1859</u>
9. AGE last birthday <u>91</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Judge of the Orphan's Court</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Mussetter</u>		14. MOTHER'S MAIDEN NAME <u>Martha Hyatt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mr. Hobson S. Mussetter, Ijamsville, MD-RD#1</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
Immediate cause (a) <u>Generalized Arterio Sclerosis</u>		
Antecedent cause(s) (b) <u>450.0</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>97</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 2, 1951, to Mar 14, 1951, that I last saw the deceased alive on March 14, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest P. Roop, M.D. ADDRESS New Market Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>17 March 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	LOCATION (City, town, or county) (State) <u>Frederick Maryland</u>
DATE REC'D BY LOCAL REG. <u>17 March 1951</u>	REGISTRAR'S SIGNATURE <u>Lillian R. Talmon</u>	24. FUNERAL DIRECTOR <u>M.R. Etchison & Son</u>	ADDRESS <u>Frederick, Maryland</u>

055936

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 10 1951
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02616

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 225 Lindbergh Avenue		STREET ADDRESS (If rural, give location) 225 Lindbergh Avenue	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)		
WALTER IRVING NEVIUS	Mar. 24 19 51		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 4-9-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Engineer		10b. KIND OF BUSINESS OR INDUSTRY Construction Work	9. AGE last birthday 60 yrs.
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jacob K. Nevius		14. MOTHER'S MAIDEN NAME Louisa A. Jenkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 307-03-1872	
17. INFORMANT AND ADDRESS 225 Lindbergh Ave., Mrs. DeGrey R. Bishop- Frederick- Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 week

Antecedent cause(s)

(b)

Arteriosclerotic Heart Disease

6 mo

(c)

Myocardial Insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Diabetes Mellitus

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct. 12, 1950, to March 25, 1951, that I last saw the deceased alive on March 25, 1951, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

A. A. Pearce M.D. Frederick, Md.

3/26/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 3-27-51	NAME OF CEMETERY OR CREMATORY Frederick Memorial Park	LOCATION (City, town, or county) W. of Frederick- Md.	(State)
DATE REC'D BY LOCAL REG. 26 March 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR C.E. Cline and Son-	ADDRESS Frederick- Maryland	

046-246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02617

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <i>Frederick</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Maryland</i> COUNTY <i>Montg.</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Frederick</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Boyd's, Md.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Frederick Memorial Hospital</i>		STREET ADDRESS (If rural, give location) <i>Boyd's, Md.</i>	
3. NAME OF DECEASED (Type or Print) (First) <i>Charles</i> (Middle) <i>F.</i> (Last) <i>Oden</i>		4. DATE OF DEATH (Month) <i>May</i> (Day) <i>27</i> (Year) <i>1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>9/28/75</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Garage owner & Retiree</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <i>75</i> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <i>West Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>William Oden</i>		14. MOTHER'S MAIDEN NAME <i>Laura Perry</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT AND ADDRESS <i>Mr. Thomas Cole Boyd's, Md.</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) <i>SUICIDE</i>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *3/19*, 19*51*, to *3/27*, 19*51*, that I last saw the deceased alive on *3/27*, 19*51*, and that death occurred at *9:50* p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>3/30/51</i>	NAME OF CEMETERY OR CREMATORY <i>Bolivar W. Va.</i>	LOCATION (City, town, or county) <i>Bolivar W. Va.</i>	(State)
DATE REC'D BY LOCAL REG. <i>28 March 1951</i>	REGISTRAR'S SIGNATURE <i>Elizabeth S. Hecker</i>	24. FUNERAL DIRECTOR <i>Wm. B. Hilton</i>	ADDRESS <i>Barnesville Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1951
EL PASO, TEX.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02618

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH- COUNTY <i>Fredrick</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Maryland</i> COUNTY <i>Fredrick</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Thurmont</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Thurmont</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <i>Walnut Street</i>	
3. NAME OF DECEASED (First) <i>Mary</i> (Middle) <i>Catherine</i> (Last) <i>Wiemers</i>		4. DATE OF DEATH (Month) <i>March</i> (Day) <i>14</i> (Year) <i>1951</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Apr. 27, 1877</i>
9. AGE last birthday <i>73</i> yrs.		10. If under 1 year: Months <i>14</i> Days <i>19</i> Hours <i>51</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13. FATHER'S NAME <i>Albert Wiemers</i>		14. MOTHER'S MAIDEN NAME <i>Caroline</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <i>Eugene Partners, Thurmont, Md.</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Heart disease, chronic valvular

INTERVAL BETWEEN ONSET AND DEATH

6 mos

Antecedent cause(s)

*(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last**(c)*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. *None*

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) *no*

PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY? Yes ☐ No ☐TIME (Month) (Day) (Year) (Hour) OF INJURY *no*INJURY OCCURRED While at Work ☐ Not While at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept. 15, 1950*, to *Mar. 13, 1951* that I last saw the deceasedalive on *Mar. 13, 1951* and that death occurred at *4 A.* m., from the causes and on the date stated above.SIGNATURE *James K. Gray*(Degree or title) *M.D.*ADDRESS *Thurmont, Md.*DATE SIGNED *3/15/51*

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF *Mar. 17, 1951*NAME OF CEMETERY OR CREMATORY *Blue Ridge Cem.*LOCATION (City, town, or county) *Thurmont, Md.*

(State)

DATE REC'D BY LOCAL REG. *Mar. 15, 1951*REGISTRAR'S SIGNATURE *Blanche S. Eyles*24. FUNERAL DIRECTOR *M. S. Peagers & Son*ADDRESS *Thurmont, Md.*

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02619

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Walkersville</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (In this place) <u>4</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Ind.</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Walkersville</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Lillie</u> (First) <u>Ramsburg</u> (Last)		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>14</u> (Year) <u>1951</u>			
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 24, 1887</u>	9. AGE last birthday <u>63</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>Elyse Thomas Stull</u>		14. MOTHER'S MAIDEN NAME <u>Emma Feaga</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Mr. Allen B. Ramsburg</u>		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Transition

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Adenocarcinoma of the Stomach

(c)

INTERVAL BETWEEN ONSET AND DEATH

2 months1 yearII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) <u>SUICIDE</u> HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 30 June, 1949, to 14 Mar, 1951, that I last saw the deceased alive on 14 Mar, 1951, and that death occurred at 11:40 A.M. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>March 17, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Glade</u>	LOCATION (City, town, or county) <u>Walkersville</u>	(State)
DATE REC'D BY LOCAL REG. <u>16 March 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth B. Hatcher</u>	24. FUNERAL DIRECTOR <u>G.C. Barton</u>	ADDRESS <u>Walkersville, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02620

Reg. Dist. No. 134

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Rocky Ridge		CITY (If outside corporate limits, write RURAL and give nearest town) Rocky Ridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Miss Beryl K. Renner	(Middle)	(Last)
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH Dec. 13, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Md
13. FATHER'S NAME Wm. I. Renner		14. MOTHER'S MAIDEN NAME Minnie E Long	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY No. none	
17. INFORMANT AND ADDRESS Mrs. Minnie E. Long Rocky Ridge, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Myocardial Degeneration	several years
Antecedent cause(s) (b) 422.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS (c) cerebral birth palsy (spastic paralysis) since birth	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work <input type="checkbox"/> At work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1930**, to **March 13, 1951**, that I last saw the deceased alive on **March 12, 1951**, and that death occurred at **3 A** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) **burial**DATE THEREOF **3/15/51**NAME OF CEMETERY OR CREMATORY **Mt. Tabor**LOCATION (City, town, or county) **Rocky Ridge**(State) **Md.**

DATE REC'D BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR **C.O. FUSS & SON**ADDRESS **Taneytown, Md.**

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02621

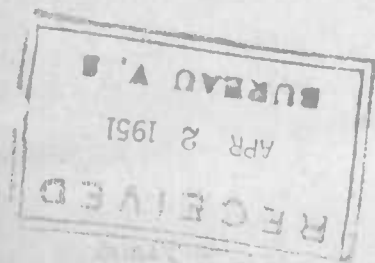
1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS 229 Washington Street	
3. NAME OF DECEASED (First) ANNIE	(Middle) W.	(Last) RHODERICK	4. DATE OF DEATH (Month) March (Day) 28 (Year) 19 51
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 7-8-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE last birthday 74 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Daniel L. Koogle		14. MOTHER'S MAIDEN NAME Ida Welker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No	
17. INFORMANT AND ADDRESS Mrs. Nellie E. Zimmerman, Frederick, Md.			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Cerebral Hemorrhage			3 days
Antecedent cause(s) (b) 331X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d Arteriosclerosis Hypertension			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease			2 years
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) Suicide Homicide	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 1, 1951, to March 28, 1951, that I last saw the deceased alive on March 28, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.			
SIGNATURE A. A. Davis, M.D.		DATE SIGNED 3/29/51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE March 31, 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland (State)
DATE REC'D BY LOCAL REG. 29 March 1951	REGISTRAR'S SIGNATURE E. J. L. H. Heck	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02622

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick (rural)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN FREDERICK	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS (If rural, give location) 316 N. Bentz Street	
3. NAME OF DECEASED (Type or Print)	(First) ROBERT (Middle) M. RIDEOUT (Last)	4. DATE OF DEATH MAR. 19. 1951	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH July 27, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Concrete Finisher	9. AGE last birthday 53 yrs.
11. BIRTHPLACE (State or foreign country) Fred. Co. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Richard Edward Rideout		14. MOTHER'S MAIDEN NAME Mary Mulberry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY No. 217-10-0916	
17. INFORMANT AND ADDRESS Mrs. Mary Naylor, 316 N. Bentz St. Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chronic Nephritis

INTERVAL BETWEEN ONSET AND DEATH

2 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 16, 1951, to March 19, 1951, that I last saw the deceased alive on March 19, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF Mar. 22, 1951	NAME OF CEMETERY OR CREMATORY Silver Hill Cemetery	LOCATION (City, town, or county) Mt. Pleasant, Md.	(State)
DATE REC'D BY LOCAL REG. 22 March 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md.		

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

511 246

RECEIVED
MAR 28 1951
ST. PAUL AFB

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

02623

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural, Mr. Woodboro</u> TOWN <u>Rural, Mr. Woodboro</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural, Mr. Woodboro</u> TOWN <u>Rural, Mr. Woodboro</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Maudie</u> (Middle) <u>Cordella</u> (Last) <u>Rippeon</u>		4. DATE OF DEATH (Month) <u>Mar.</u> (Day) <u>14</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 12, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE last birthday <u>70</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Clayton Dosey</u>		14. MOTHER'S MAIDEN NAME <u>Laura Harne</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>Mr. Taylor Rippeon</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chronic myocardial failure

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

Antecedent cause(s)

(b) Thyrotropic Cardiovascular Disease20 years

(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 30 Aug., 1949, to 14 Mar., 1951., that I last saw the deceased alive on 14 Mar., 1951., and that death occurred at 4:30 p. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>March 13, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mr. Hope</u>	LOCATION (City, town, or county) <u>Woodboro</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>3/14/51</u>		REGISTRAR'S SIGNATURE <u>L. E. Powell</u>		24. FUNERAL DIRECTOR <u>G. E. Barton, Walkersville, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 10 1951

RECEIVED
JAN 19 1951
BUREAU OF
RECORDS & COMMUNICATIONS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02624

Reg. Dist. No. 138

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Jamsville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Jamsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>Francis</u> (First) <u>J.</u> (Middle) <u>Runkles</u> (Last)		4. DATE OF DEATH <u>March 29</u> 19 <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-26-1871</u>
9. AGE last birthday <u>80</u> yrs.		10. If under 1 year: Months <u>1</u> Days <u>3</u> If under 24 hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Junk</u>	
11. BIRTHPLACE (State or foreign country) <u>New Market MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Basial Runkles</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>		16. SOCIAL SECURITY NO. <u>L</u>	
17. INFORMANT <u>Mrs Loretta Beard</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Broken cardiac compensation</u>		<u>6 mo.</u>
Antecedent cause(s) (b) <u>Chronic valvular heart disease</u>		<u>10 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Epileptoma of lower lip</u>		<u>2 yrs.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1950, to March 29, 1951, that I last saw the deceased alive on Feb 21, 1951, and that death occurred at 98 m., from the causes and on the date stated above.

SIGNATURE Ernest P. Roop, M.D. ADDRESS New Market Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Mar 31-51 NAME OF CEMETERY OR CREMATORY New Market Cem LOCATION (City, town, or county) New Market MD (State)

DATE REC'D BY LOCAL REG. Mar. 30, 1951 REGISTRAR'S SIGNATURE L.R. Falconer 24. FUNERAL DIRECTOR W.E. Falconer ADDRESS New Market MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 10 1951
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02625

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTRY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick, Maryland Route #3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>Near Lewistown Route #3</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Erma</u> (Middle) <u>Harper</u> (Last) <u>Schultz</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>25</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 10, 1930</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paired stockings</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Union Mfg. Co.</u>	9. AGE last birthday <u>21</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Paul E. Harper</u>		14. MOTHER'S MAIDEN NAME <u>Viola Ramsburg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>215-26-1290</u>	
		17. INFORMANT AND ADDRESS <u>Mr. Kenneth L. Schultz, Frederick, Md. Rd #3</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

415x

Immediate cause

(a) Acute myocardial failure

4 days

93c

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Rheumatic cardiovascular disease

15 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.Pulmonary monilia

3 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May, 1949, to 25 March 1951, that I last saw the deceasedalive on 25 March 1951, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

27 March 1951Elizabeth H. HeckM.R. Etchison & Son, Frederick, Maryland

970-436

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MAR 29 1951

BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02626

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Rural		CITY (If outside corporate limits, write RURAL and give nearest town) Emmitsburg, Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Thurmont R.D. # 1		STREET ADDRESS (If rural, give location) Thurmont R.D. # 2	
3. NAME OF DECEASED (Type or Print)	(First) Mary (Middle) Genevieve (Last) Shorb	4. DATE OF DEATH March 9, 1951	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH May 3, 1864
9. AGE last birthday 86 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Frederick County, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Lewis Butt		14. MOTHER'S MAIDEN NAME Mary Rosensteel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY No. none	
17. INFORMANT AND ADDRESS Francisca Shorb		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) **Chronic myocarditis**

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(b) **Arteriosclerosis**

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 8, 1951**, to **March 9, 1951**, that I last saw the deceasedalive on **March 8, 1951**, and that death occurred at **3:30 P.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR,

ADDRESS

March 10 - 1951 **M. F. Shuff** **S. L. Allison** **Emmitsburg, Md.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1950
SEABAY T. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02627

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md Cumberland	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Cumberland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 866 Maryland Ave	
3. NAME OF DECEASED (First) (Middle) (Last) Carlton Dorsey Shores		4. DATE OF DEATH (Month) (Day) (Year) March 18 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct 1, 1905
9. AGE last birthday 45 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector	
11. BIRTHPLACE (State or foreign country) Keyser, W.Va		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Dorsey Brown Shore		14. MOTHER'S MAIDEN NAME Annie Marie Luke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY No. ?	
17. INFORMANT AND ADDRESS Mrs Carlton D.Shore, Cumberland, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral hemorrhage		9 hrs.
Antecedent cause(s) (b) 331X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) 83a		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg, etc.) Fred. Mem. Hosp.	(CITY OR TOWN) (COUNTY) (STATE) Fredrick, Md. Frederick, Md.
TIME (Month) (Day) (Year) (Hour) March 3-16-51 3:00 p.m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? Fredrick, Md.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE **DR. R. W. BAER** (Degree or title) ADDRESS **Frederick, Md.** DATE SIGNED **16 March 1951**

DEPUTY MEDICAL EXAMINER

23. BURIAL, CREMATION, etc. (Specify) Byrd	DATE THEREOF March 19, 1951	NAME OF BURIAL OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REG. 16 March 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR John J. Haier, Cumberland, Md.	ADDRESS

533 936

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02628

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 442 West South Street	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ELMER CLAYTON SMITH		4. DATE OF DEATH (Month) (Day) (Year) 3 17 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 8-19-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Day Labor	9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lawson Smith		14. MOTHER'S MAIDEN NAME Annie Rice	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY No. 219-20-3145	
17. INFORMANT AND ADDRESS Mrs. Abbie E. Smith		142 W. South St. Frederick-Maryland	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebro - vascular accident

INTERVAL BETWEEN ONSET AND DEATH 8 days

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive - cardiovascular disease

5 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐21. ACCIDENT (Specify)
SUICIDE
HOMICIDEPLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 - 9, 1951, to 3 - 17, 1951, that I last saw the deceased alive on 3 - 17, 1951, and that death occurred at 11:38 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) Burial		DATE THEREOF 3-21-51	NAME OF CEMETERY OR CREMATORY Arlington National Cem.	LOCATION (City, town, or county) Arlington-Virginia	(State)
DATE REC'D BY LOCAL REG. 19 March, 1951		REGISTRAR'S SIGNATURE Elizabeth S. Heck	24. FUNERAL DIRECTOR C.E. Cline and Son- Frederick- Maryland		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

970000

RECEIVED
MAY 21 1961
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02629

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
TOWN <u>Frederick</u>		TOWN <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Monte vue Home</u>		STREET ADDRESS (If rural, give location) <u>Monte vue Home</u>	
3. NAME OF DECEASED (Type or Print) <u>Laura</u>		4. DATE OF DEATH <u>March 24</u> 19 <u>51</u>	
(First) (Middle) (Last)		(Month) (Day) (Year)	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 18, 1866</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired house servant</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>84</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Richmond Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Not known</u>		14. MOTHER'S MAIDEN NAME <u>not known</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>21 W. Atlantic St. Mrs. Blanche M. Morris Frederick, Md.</u>			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Arterio-sclerotic Cardio-vascular</u>	Antecedent cause(s) (b) <u>disease</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>not known</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 1, 1946, to March 24, 1951, that I last saw the deceased
alive on March 24, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION BURNING (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>March 27, 1951</u>	<u>Elmhurst Cemetery</u>	<u>Westminster</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>March 25, 1951</u>	<u>Elizabeth S. Becker</u>	<u>J. S. Myers Jr.</u>	<u>Westminster, Md.</u>	
		<u>16 Willis St.</u>	<u>720836</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT5

RECEIVED

MAR 29 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02630

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Prince George's	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN From 11/15/48 to 3/25/51		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Capitol Heights	
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium		STREET ADDRESS (If rural, give location) 6101 Kingston Rd.	
3. NAME OF DECEASED (First) William (Middle) Steele (Last) Steele		4. DATE OF DEATH (Month) March (Day) 25 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 10, 1901 9. AGE last birthday 49 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Washington, D.C.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Wilmer N. Steele		14. MOTHER'S MAIDEN NAME Annie E. Eagan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY No. 579-14-7143	
17. INFORMANT Patient			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Pulmonary Tuberculosis		About 3 yrs.	
Antecedent cause(s) (b) 13b			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE		PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Nov. 15, 1948**, to **Mar. 25, 1951**, that I last saw the deceased alive on **Mar. 25, 1951**, and that death occurred at **12:05 A.M.**, from the causes and on the date stated above.

SIGNATURE **J. D. Ryan, M.D.** (Degree or title) ADDRESS **State Sanatorium, Md.** DATE SIGNED **3/27/51**

23. BURIAL, CREMATION REMOVAL (Specify) 3-28-51		NAME OF CEMETERY OR CREMATORY Addison Chapel		LOCATION (City, town, or county) Seat Pleasant, Md. (State)	
DATE REC'D BY LOCAL REG. 3/26/51		REGISTRAR'S SIGNATURE J. D. Ryan		24. FUNERAL DIRECTOR J. Wm. Lee & Son - Washington ADDRESS 504246 D.C.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 29 1951

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02631
Reg. Dist. No. 134

1. PLACE OF DEATH- COUNTY Frederick, Emmitsburg, MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE St. Joseph's Central House COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Emmitsburg		CITY (If outside corporate limits, write RURAL and give nearest town) Emmitsburg, Maryland	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Joseph's Central House		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) Elizabeth (Middle) Estelle (Last) Taney		4. DATE OF DEATH (Month) 3 (Day) 25 (Year) 19 51	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sister of Charity	8. DATE OF BIRTH 5/7/71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursing the sick all her life		10b. KIND OF BUSINESS OR INDUSTRY Community Life	9. AGE last birthday 79 yrs.
11. BIRTHPLACE (State or foreign country) Emmitsburg, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edward Taney		14. MOTHER'S MAIDEN NAME Clara McBride	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT AND ADDRESS Sister Rosa, Assistant Emmitsburg			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) Cerebral hemorrhage		3 hrs
Antecedent cause(s) (b) Hypertensive cardiac vas. disease several years		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Diabetic mellitus several years		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan. 48, 19 to March 25, 1951, that I last saw the deceased alive on March 25, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE Dr. R. R. Riddle	(Degree or title) M.D.	ADDRESS Emmitsburg, Md.	DATE SIGNED 3-26-51
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 3/27/51	NAME OF CEMETERY OR CREMATORY St. Joseph's (Private)	LOCATION (City, town, or county) Emmitsburg, Md. (State)

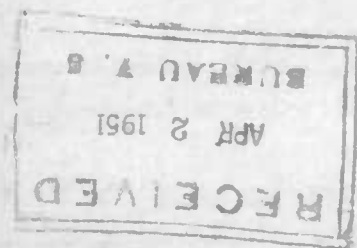
DATE REC'D BY LOCAL REG. Mar 26-1951	REGISTRAR'S SIGNATURE Mr. F. Shuff	24. FUNERAL DIRECTOR S. L. Allison	ADDRESS Emmitsburg Md.
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

058896



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02632

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH - COUNTY <u>Fredrick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Virginia</u> COUNTY <u>Loudon</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Fredrick</u>		TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Lorettsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fredrick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>Lorettsville</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Theodore</u> (Middle) <u>W</u> (Last) <u>Warner</u>		4. DATE OF DEATH (Month) <u>Mar.</u> (Day) <u>23</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, <u>WIDOWED</u> <u>Divorced</u> (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/19/71</u>
9. AGE last birthday <u>79</u> yrs.		10. AGE last birthday (If under 1 year) Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmers</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Isaac Warner</u>		14. MOTHER'S MILDEN NAME <u>Compher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u> </u> (If yes, give war or dates of service) <u> </u>		16. SOCIAL SECURITY No. <u> </u>	
17. INFORMANT AND ADDRESS <u>Rev. William C Warner, Baltimore, Md.</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Cerebral infarction</u>		<u>2 days</u>	
Antecedent cause(s) (b) <u>Arteriosclerosis</u>			
(c) <u>Arteriosclerotic Heart Disease</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u> </u> (CITY OR TOWN) <u> </u> (COUNTY) <u> </u> (STATE) <u> </u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u> </u> m.		INJURY OCCURRED While at <input type="checkbox"/> Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	
HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>March 19, 1951</u> , to <u>March 23, 1951</u> , that I last saw the deceased alive on <u>March 23, 1951</u> , and that death occurred at <u>9 P.</u> m., from the causes and on the date stated above.			
SIGNATURE <u>G. G. Pearce, M.D.</u>		ADDRESS <u>Fredrick Md</u> DATE SIGNED <u>3/23/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>3/26/51</u>	
NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		LOCATION (City, town, or county) <u>Lorettsville</u> (State) <u>Va</u>	
24. FUNERAL DIRECTOR <u>CN Fester & Bros</u>		ADDRESS <u>Baltimore, Md.</u>	
DATE REC'D BY LOCAL REG. <u>26 March 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Harker</u>	

100105

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 29 1951
BUREAU F. B. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

02633

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>148 West South Street</u>	
3. NAME OF DECEASED (First) <u>Charles</u>	(Middle) <u>Edward</u>	(Last) <u>Wisner</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>21</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 23, 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE last birthday <u>71</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Frederick County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Christian Wisner</u>		14. MOTHER'S MAIDEN NAME <u>Annie Stewart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT AND ADDRESS <u>Mrs Charles E. Wisner, Frederick, Maryland</u>		17. INFORMANT AND ADDRESS <u>148 West South St,</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

422.1
93d

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Acute myocardial failure
(b) Arteriosclerosis Cardiovascular Disease
(c)

INTERVAL BETWEEN ONSET AND DEATH

2 hours
10 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov. 22, 1950, to Mar. 21, 1951, that I last saw the deceased alive on Mar. 21, 1951, and that death occurred at 12:55 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

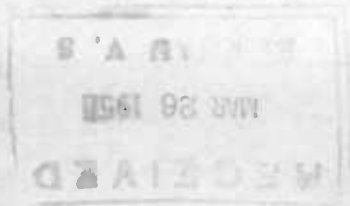
23. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE THEREOF <u>March 24, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Middletown Lutheran Cem.</u>	LOCATION (City, town, or county) <u>Middletown, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>23 March 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heisk.</u>	24. FUNERAL DIRECTOR <u>M.R. Etchison & Son</u>	ADDRESS <u>Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

100105



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

02634

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Fredrick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Fredricks</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>TOWN FREDERICK</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Thurmont Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fredrick Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Richard</u> (Middle) <u>Wayne</u> (Last) <u>Wisner</u>	4. DATE OF DEATH (Month) <u>3</u> (Day) <u>20</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>9/23/45</u>
9. AGE last birthday <u>5</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	
11. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OR WHAT COUNTRY <u>U.S.A</u>	
13. FATHER'S NAME <u>Mr. Wilfred Wisner</u>		14. MOTHER'S MAIDEN NAME <u>Grace Webb</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Father Webb Thurmont md</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Internal injuries, hemorrhage</u>			<u>3 hrs.</u>
(b) <u>Shovel</u>			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/>		PLACE (Home, farm, factory, street, office, etc.) (CITY OR TOWN) (COUNTY) (STATE) <u>1505 N. Near Thurmont, Fredricks, md</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>3:20:51, 6:55 p.m.</u>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> HOW DID INJURY OCCUR? <u>By auto. Pedestrian struck</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>			
SIGNATURE <u>R.W. Bar</u>		DATE SIGNED <u>3.20.51</u>	
23. BURIAL, CREMATION OR REMOVAL (Specify) <u>burial</u>		DATE THEREOF <u>md 23-51</u>	
NAME OF CEMETERY OR CREMATORY <u>N.B. Cemetery</u>		LOCATION (City, town, or county) (State) <u>Thurmont md</u>	
DATE REC'D BY LOCAL REG. <u>23 March 1951</u>		24. FUNERAL DIRECTOR <u>N.S. Reagan</u>	
REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		ADDRESS <u>San Thurmont</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 26 1951
BUREAU A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02635

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
OFF (If outside corporate limits, write RURAL and give nearest town) TOWN Braddock Heights		OFF (If outside corporate limits, write RURAL and give nearest town) TOWN Braddock Heights	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) IDA	(Middle)	(Last) ZIMMERMAN
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 30, 1861
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) New York
13. FATHER'S NAME James Cockefair		14. MOTHER'S MAIDEN NAME Mary W. Waite	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mr. Charles F. Zimmerman, Braddock Hgts., Md.
12. CITIZEN OF WHAT COUNTRY? USA		9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.	
4. DATE OF DEATH March 11 19 51			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Thrombosis			1h
Antecedent cause(s) (b) Arteriosclerosis			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11, 1951, to 3/11, 1951, that I last saw the deceased alive on 3/11, 1951, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elizabeth G. Hech		Frederick, Md.	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE Mar. 13, 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland (State)
DATE REC'D BY LOCAL REG. 13 March 1951	REGISTRAR'S SIGNATURE Elizabeth G. Hech	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7514601

RECEIVED
APR 15 1950
BUREAU V. S.

END